

SERFF Tracking Number: BNLA-126471589 State: Arkansas  
Filing Company: Colonial Penn Life Insurance Company State Tracking Number: 44662  
Company Tracking Number: CPL-17804-AR  
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Product Name: Medicare supplement  
Project Name/Number: Medicare supplement consumer worksheet/CPL-17804-AR

## Filing at a Glance

Company: Colonial Penn Life Insurance Company

Product Name: Medicare supplement SERFF Tr Num: BNLA-126471589 State: Arkansas  
TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Approved State Tr Num: 44662  
Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: CPL-17804-AR State Status: Filed-Closed  
Other 2010

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler  
Author: Kyle Seely Disposition Date: 02/04/2010  
Date Submitted: 01/25/2010 Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare supplement consumer worksheet  
Project Number: CPL-17804-AR  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 02/04/2010

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 02/04/2010  
Created By: Kyle Seely  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kyle Seely

Filing Description:

Please see cover letter in Supporting Documentation.

## Company and Contact

### Filing Contact Information

Kyle Seely, Advertising Compliance Analyst kyle\_seely@conseco.com  
600 West Chicago Ave 317-817-4669 [Phone] 74669 [Ext]  
Chicago, IL 60654-2800 317-817-4155 [FAX]

### Filing Company Information

Colonial Penn Life Insurance Company CoCode: 62065 State of Domicile: Pennsylvania

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 Product Name: Medicare supplement  
 Project Name/Number: Medicare supplement consumer worksheet/CPL-17804-AR  
 Adm. Address: 600 West Chicago Ave Group Code: 233 Company Type:  
 Chicago, IL 60654-2800 Group Name: State ID Number:  
 (312) 396-6000 ext. [Phone] FEIN Number: 23-1628836

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per advertising form.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colonial Penn Life Insurance Company	\$50.00	01/25/2010	33773091

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	02/04/2010	02/04/2010

*SERFF Tracking Number:*      *BNLA-126471589*                      *State:*                      *Arkansas*  
*Filing Company:*              *Colonial Penn Life Insurance Company*              *State Tracking Number:*      *44662*  
*Company Tracking Number:*      *CPL-17804-AR*  
*TOI:*                      *MS09 Medicare Supplement - Other 2010*              *Sub-TOI:*                      *MS09.000 Medicare Supplement Other 2010*  
*Product Name:*              *Medicare supplement*  
*Project Name/Number:*              *Medicare supplement consumer worksheet/CPL-17804-AR*

## **Disposition**

Disposition Date: 02/04/2010

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:*      *BNLA-126471589*                      *State:*                      *Arkansas*  
*Filing Company:*              *Colonial Penn Life Insurance Company*              *State Tracking Number:*      *44662*  
*Company Tracking Number:*      *CPL-17804-AR*  
*TOI:*                      *MS09 Medicare Supplement - Other 2010*              *Sub-TOI:*                      *MS09.000 Medicare Supplement Other 2010*  
*Product Name:*              *Medicare supplement*  
*Project Name/Number:*      *Medicare supplement consumer worksheet/CPL-17804-AR*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Cover Letter	Accepted for Informational Purposes	Yes
<b>Form</b>	Medicare supplement consumer worksheet	Filed	Yes

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 Product Name: Medicare supplement  
 Project Name/Number: Medicare supplement consumer worksheet/CPL-17804-AR

## Form Schedule

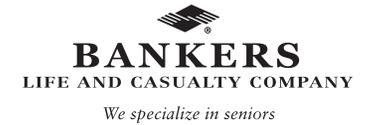
**Lead Form Number: CPL-17804-AR**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 02/04/2010	CPL- 17804-AR	Advertising	Medicare supplement consumer worksheet	Initial			CPL-17804- AR_(2010)_br ackets.pdf

# Policy / Worksheet

Applicant's Name \_\_\_\_\_  
 Existing Insurer \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Expiration Date of Existing Insurance \_\_\_\_\_

**COLONIAL PENN  
 LIFE INSURANCE COMPANY**  
*An affiliate of Bankers Life and Casualty Company*



Service	Benefit	Medicare Pays	Existing or Proposed Coverage	Supplement Pays Plan: A B C <sup>1</sup> D <sup>1</sup> F FH <sup>2</sup> G M N <sup>4</sup>	You Pay
Inpatient Hospital Stay	First 60 days	All but [\$1,100]		<input type="radio"/> Nothing or <input type="radio"/> [\$550] or <input type="radio"/> [\$1,100]	<input type="radio"/> Nothing or <input type="radio"/> [\$550] or <input type="radio"/> [\$1,100]
	61st to 90th day	All but [\$275] a day		[\$275] a day	Nothing
	91st day and after: While using 60 Lifetime Reserve Days	All but [\$550] a day		[\$550] a day	Nothing
	Once Lifetime Reserve Days are used: Additional 365 days Beyond the Additional 365 days	Nothing Nothing		100% of Medicare-eligible expenses Nothing	Nothing All Costs
Skilled Nursing Facility Care <sup>3</sup>	First 20 days	100%		Nothing	Nothing
	Additional 80 days	All but [\$137.50] a day		<input type="radio"/> Nothing or <input type="radio"/> [\$137.50] a day	<input type="radio"/> Nothing or <input type="radio"/> [\$137.50] a day
	Beyond 100 days	Nothing		Nothing	All Costs
Physician and Medical Expenses	Physician's Services in hospital, office or home, inpatient and outpatient medical services and supplies at a hospital, physical and speech therapy and ambulance	80% of Medicare-approved charges after the [\$155] Medicare Calendar Year Deductible		For charges covered under Medicare Part B: <input type="radio"/> After [\$155] Medicare Calendar Year Deductible, 20% of Medicare-approved charges. <input type="radio"/> Part B Deductible <input type="radio"/> Part B Excess Charges <input type="radio"/> After [\$155] Medicare Calendar Year Deductible, 20% of Part B subject to Plan N co-payments <sup>4</sup>	<input type="radio"/> [\$155] Medicare Calendar Year Deductible <input type="radio"/> Part B Excess Charges <input type="radio"/> Plan N Co-Payments <sup>4</sup> <input type="radio"/> Nothing

<sup>1</sup> Plan C and Plan D are not available for sale through Colonial Penn Life Insurance Company.

<sup>2</sup> If you apply for the High-Deductible Plan F, all benefits will be subject to an annual deductible of [\$2,000]. This deductible can change each calendar year.

<sup>3</sup> Intermediate and custodial nursing care are not covered under Medicare.

<sup>4</sup> Plan N benefits are subject to co-payments of up to [\$20] per office visit and up to [\$50] per emergency room visit. The emergency room co-payment is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.

Colonial Penn Life Insurance Company and Bankers Life and Casualty Company are separate legal entities. All policies are underwritten by Colonial Penn Life Insurance Company, Philadelphia, PA.

# Policy / Worksheet

Applicant's Name \_\_\_\_\_  
 Existing Insurer \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Expiration Date of Existing Insurance \_\_\_\_\_

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 LIFE INSURANCE COMPANY**  
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Service	Benefit	Medicare Pays	Existing or Proposed Coverage	Supplement Pays Plan: A B C <sup>1</sup> D <sup>1</sup> F FH <sup>2</sup> G M N <sup>4</sup>	You Pay
Inpatient Hospital Stay	First 60 days	All but [\$1,100]		<input type="radio"/> Nothing or <input type="radio"/> [\$550] or <input type="radio"/> [\$1,100]	<input type="radio"/> Nothing or <input type="radio"/> [\$550] or <input type="radio"/> [\$1,100]
	61st to 90th day	All but [\$275] a day		[\$275] a day	Nothing
	91st day and after: While using 60 Lifetime Reserve Days	All but [\$550] a day		[\$550] a day	Nothing
	Once Lifetime Reserve Days are used: Additional 365 days Beyond the Additional 365 days	Nothing Nothing		100% of Medicare-eligible expenses Nothing	Nothing All Costs
Skilled Nursing Facility Care <sup>3</sup>	First 20 days	100%		Nothing	Nothing
	Additional 80 days	All but [\$137.50] a day		<input type="radio"/> Nothing or <input type="radio"/> [\$137.50] a day	<input type="radio"/> Nothing or <input type="radio"/> [\$137.50] a day
	Beyond 100 days	Nothing		Nothing	All Costs
Physician and Medical Expenses	Physician's Services in hospital, office or home, inpatient and outpatient medical services and supplies at a hospital, physical and speech therapy and ambulance	80% of Medicare-approved charges after the [\$155] Medicare Calendar Year Deductible		For charges covered under Medicare Part B: <input type="radio"/> After [\$155] Medicare Calendar Year Deductible, 20% of Medicare-approved charges. <input type="radio"/> Part B Deductible <input type="radio"/> Part B Excess Charges <input type="radio"/> After [\$155] Medicare Calendar Year Deductible, 20% of Part B subject to Plan N co-payments <sup>4</sup>	<input type="radio"/> [\$155] Medicare Calendar Year Deductible <input type="radio"/> Part B Excess Charges <input type="radio"/> Plan N Co-Payments <sup>4</sup> <input type="radio"/> Nothing

<sup>1</sup> Plan C and Plan D are not available for sale through Colonial Penn Life Insurance Company.

<sup>2</sup> If you apply for the High-Deductible Plan F, all benefits will be subject to an annual deductible of [\$2,000]. This deductible can change each calendar year.

<sup>3</sup> Intermediate and custodial nursing care are not covered under Medicare.

<sup>4</sup> Plan N benefits are subject to co-payments of up to [\$20] per office visit and up to [\$50] per emergency room visit. The emergency room co-payment is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.

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# Policy / Worksheet

Service	Benefit	Medicare Pays	Existing or Proposed Coverage	Supplement Pays Plan K <sup>5</sup> or Plan L <sup>6</sup>	You Pay
Inpatient Hospital Stay	First 60 days	All but [\$1,100]		<input type="radio"/> [\$550] (50% of Part A deductible) or <input type="radio"/> [\$825] (75% of Part A deductible)	<input type="radio"/> [\$550] (50% of Part A deductible) or <input type="radio"/> [\$275] (25% of Part A deductible)
	61st to 90th day	All but [\$275] a day		[\$275] a day	Nothing
	91st day and after: While using 60 Lifetime Reserve Days	All but [\$550] a day		[\$550] a day	Nothing
	Once Lifetime Reserve Days are used: Additional 365 days Beyond the Additional 365 days	Nothing Nothing		100% of Medicare-eligible expenses Nothing	Nothing All Costs
Skilled Nursing Facility Care <sup>3</sup>	First 20 days	100%		Nothing	Nothing
	Additional 80 days	All but [\$137.50] a day		<input type="radio"/> Up to [\$68.75] a day or <input type="radio"/> Up to [\$103.13] a day	<input type="radio"/> Up to [\$68.75] a day or <input type="radio"/> Up to [\$34.37] a day
	Beyond 100 days	Nothing		Nothing	All Costs
Physician and Medical Expenses	Physician's services in hospital, office or home, inpatient and outpatient medical services and supplies at a hospital, physical and speech therapy and ambulance	80% of Medicare-approved charges after the [\$155] Medicare Calendar Year Deductible		For charges covered under Medicare Part B: \$0 for first [\$155] of Medicare-approved amounts <input type="radio"/> 10% remainder of Medicare-approved amounts <input type="radio"/> 15% remainder of Medicare-approved amounts	[\$155.00 (Part B deductible)  All costs above Medicare-approved amounts and: <input type="radio"/> 10% remainder of Medicare-approved amounts <input type="radio"/> 5% remainder of Medicare-approved amounts

<sup>3</sup> Intermediate and custodial nursing care are not covered under Medicare.  
 Colonial Penn Life Insurance Company, Bankers Life and Casualty Company and their licensed agents are not affiliated with or sponsored by the U.S. Government or the Federal Medicare Program.

<sup>5</sup> **PLAN K: [\$4,620.00] Out-of-Pocket Annual Limit.**

<sup>6</sup> **PLAN L: [\$2,310.00] Out-of-Pocket Annual Limit. The limits will increase annually for inflation.**

<p><b>PRODUCT COMPARISON ACKNOWLEDGEMENT</b></p> <p><b>Applicant:</b> I have received a copy of this product comparison and have been advised to contact my other insurance company if I have questions about the coverage I am ending.</p> <p>Signature of Applicant _____                  Date _____</p>		<p><b>Agent:</b> I have explained the substantial benefit differences between the plan applied for and any coverage being ended and advised the Applicant to contact their current insurer if they have questions about the coverage they are ending. I have provided a copy of this product comparison to the Applicant.</p> <p>Signature of Licensed Agent _____                  Agent No. _____ Date _____</p>
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**PLEASE REMOVE BEFORE COMPLETING THIS FORM**

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# Policy / Worksheet

Service	Benefit	Medicare Pays	Existing or Proposed Coverage	Supplement Pays Plan K <sup>5</sup> or Plan L <sup>6</sup>	You Pay
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	61st to 90th day	All but [\$275] a day		[\$275] a day	Nothing
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	Beyond 100 days	Nothing		Nothing	All Costs
Physician and Medical Expenses	Physician's services in hospital, office or home, inpatient and outpatient medical services and supplies at a hospital, physical and speech therapy and ambulance	80% of Medicare-approved charges after the [\$155] Medicare Calendar Year Deductible		For charges covered under Medicare Part B: \$0 for first [\$155] of Medicare-approved amounts <input type="radio"/> 10% remainder of Medicare-approved amounts <input type="radio"/> 15% remainder of Medicare-approved amounts	[\$155.00] (Part B deductible)  All costs above Medicare-approved amounts and: <input type="radio"/> 10% remainder of Medicare-approved amounts <input type="radio"/> 5% remainder of Medicare-approved amounts

<sup>3</sup> Intermediate and custodial nursing care are not covered under Medicare.  
 Colonial Penn Life Insurance Company, Bankers Life and Casualty Company and their licensed agents are not affiliated with or sponsored by the U.S. Government or the Federal Medicare Program.

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Filing Company: Colonial Penn Life Insurance Company State Tracking Number: 44662  
Company Tracking Number: CPL-17804-AR  
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Product Name: Medicare supplement  
Project Name/Number: Medicare supplement consumer worksheet/CPL-17804-AR

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Cover Letter	Accepted for Informational Purposes	<b>Date:</b> 02/04/2010
<b>Comments:</b>		
<b>Attachment:</b> CPL Cover AR.pdf		

# Colonial Penn Life Insurance Company

Home Office: 399 Market Street • Philadelphia, PA 19181

January 25, 2010

State of Arkansas  
Department of Insurance  
1200 West Third St.  
Little Rock, AR 72201-1904

**COMPANY: COLONIAL PENN LIFE INSURANCE COMPANY**

FEIN # 23-1628836 NAIC # 233-62065

**RE: Advertising Form: CPL-17804-AR**

Dear Sir or Madam:

We are submitting the above referenced advertisement as required by your state. This is a new ad and not intended to replace any other form.

This consumer worksheet is intended to be used by our agents when they are visiting with a customer in their home.

While this is a Colonial Penn Life Insurance Company advertisement for our approved Medicare Supplement products, it has been co-branded with one of our affiliated company's name and logo. The legal distinction between the two companies is disclosed, with Colonial Penn prominently noted as the underwriting company of the policies being advertised. We have co-branded this advertisement because the agents are Bankers Life and Casualty career agents who are also appointed with Colonial Penn Life Insurance Company to sell Medicare Supplement products. If the agent discusses a product other than Medicare Supplement (such as life or annuity) when they are visiting with the client, the company that they would be representing would be Bankers Life and Casualty Company.

Information bracketed as "variable" on the form includes dollar amounts which are subject to change based on annual Medicare supplement rate increases.

Thank you for your attention to this filing. If you have any questions or need any additional information, please contact me.

Sincerely,



Kyle R. Seely  
Advertising Compliance Analyst  
800-888-4918 ext. 74669  
e-mail: Kyle\_seely@conseco.com

Administrative Office: 600 West Chicago Ave • Chicago, IL 60654-2800